

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039677

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **274**

Primary Registration District No.

Registrar's No. **407****FILED NOV 15 1962**

## 1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Sedalia

Length of stay in 1b

3 months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTIONnear Anderson School  
south 65 highway

Inside Limits

Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pettis

c. CITY

OR TOWN Sedalia

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS 2916 West Broadway

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

CROSBY

First

Middle

CROWE, JR.

Last

4. DATE

OF DEATH

Month

Nov. 11, 1962

Day

Year

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

6/25/14

## 9. AGE (last birthday)

48

## IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

## 10b. KIND OF BUSINESS OR INDUSTRY

Construction Company

## 11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Crosby Crowe, Sr.

## 13b. MOTHER'S MAIDEN NAME

Stella Williams

## 14. NAME OF HUSBAND OR WIFE

Anna Blecha Crowe

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs. Anna Crowe, 2916 West Broadway, Sedalia, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Asphyxia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Carbon Monoxide Poisoning

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetes Mellitus

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☒ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

viewed the body of the deceased as Deputy Coroner Pettis County, at 4 P.M.

I attended the deceased from 11 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

J.M. Rodeman, M.D. Deputy Coroner, Pettis County, Sedalia, Mo.

## 22b. ADDRESS

## 22c. DATE SIGNED

11-12-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

11/13/62

## 23c. NAME OF CEMETERY OR CREMATORY

McCook Cemetery

## 23d. LOCATION (City, town, or county)

McCook, Nebraska

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Sedalia, Mo.

## 25. DATE RECD. BY LOCAL REG.

Nov. 12, 1962

## 26. REGISTRAR'S SIGNATURE

Francis H. Anderson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

1 0800

2 0818

3

4 0

5 1

6

7 0

8 2

9 9734

10

11

12 91-3

13 1-0

NOV 16 1962

NOV 20 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Phane Ewing*

Licensed Embalmer No.

*2547*

P. O. Address

*Seaboard, Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.